

and higher prices, but on top of that, they added two additional things.

One, they made criminals of people who would go to Canada or Mexico to get the same drugs for lower prices because, of course, our pharmaceutical companies charge the highest price for drugs right here in the United States.

Secondly, they prohibited the United States Government from doing what all other health plans do: negotiate the price of prescription drugs for the people who are in their health care program.

Well, guess what? Today we will right that. Today we will allow the Secretary of Health and Human Services to negotiate on behalf of Americans.

HEALTH CARE DECISIONS SHOULD BE MADE BY DOCTORS

(Mr. PRICE of Georgia asked and was given permission to address the House for 1 minute.)

Mr. PRICE of Georgia. Mr. Speaker, today we will take up the Medicare prescription drug program, a program where costs were \$13 billion lower than projected in 2006; needed life-saving drugs are available; and 80 percent of the beneficiaries are supportive and satisfied with the program.

So what problems are the Democrats trying to solve? Theirs is really a solution in search of a problem. The Democrats think that Washington can make better decisions than the American people about very personal medical matters. And what happens when the government gets more involved? Things become more bureaucratic and more expensive.

As a physician, I know how difficult it is to take care of patients, oftentimes because so many non-medical people are making medical decisions.

If H.R. 4 is adopted and becomes law, Washington bureaucrats will decide which drugs will be available for patients, not from a scientific or safety standpoint but purely based upon money.

That is not the way we ought to be making health care decisions. Those decisions ought to be made by patients and doctors.

SPECIAL INTEREST OVER PUBLIC INTERESTS

(Mr. WELCH of Vermont asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WELCH of Vermont. Mr. Speaker, a special interest over the public interest, there is no more vivid example of special interests trumping the public interest than the Medicare Part D legislation that we must reform today.

Extending a drug benefit to our seniors on Medicare is the right thing to do. Even in its current form, it has helped thousands of Vermonters and hundreds of thousands of Americans.

But when this Medicare drug benefit was first passed, a worthy extension of

this good program went terribly wrong because of the wrong-headed prohibition on the Federal Government's ability to do the obvious: negotiate fair prices for the taxpayer. This program fails on its most fundamental level, cost. Failing on cost, it impedes access.

The lobbyists who had such an influence in writing this bill bewildered our seniors and ripped off our taxpayers.

The public interest, the interest of our seniors and taxpayers are who we represent today and who we can help today with the passage of this bill.

FULLY FUND SAFE TEA-LU

(Mrs. CAPITO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. CAPITO. Mr. Speaker, I rise today to fully support SAFE TEA-LU funding at its authorized level for fiscal year 2007.

If, as expected, the House passes a joint resolution extending funding for government programs through October 1, it is important that we allow the highway funds to increase from the 2006 level to the authorized 2007 level.

Federal highway funding is very important to all States, and my State of West Virginia is no exception. Significant progress is being made on construction of a new four-lane U.S. 35 and on Corridor H, and transportation improvements are needed across everyone's district.

Keeping highway funding steady at the 2006 level would stop a scheduled \$3.4 billion increase that State highway departments, workers and motorists have planned on and expected for this year.

The President's fiscal year 2007 budget, the House-passed transportation appropriation bill and the Senate appropriation bill called for \$39.1 billion for highway construction. Failing to allow an increase would cost West Virginia \$57.7 million, and 2,740 construction jobs.

NEW DIRECTION FOR AMERICA

(Mr. LAMPSON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMPSON. Mr. Speaker, my mother was an extraordinary woman. There is no doubt that Medicare helped her live the last of her 94 years with dignity and mostly independence. However, despite having one son as a doctor, one as a pharmaceutical executive and one as a Member of Congress, our family still struggled to meet her needs. As a Member of this body, I felt helpless and almost ashamed to know that there are millions more like her forced to decide between food and medicine each month.

I am proud now to be a part of this inspired and honest effort to make a difference in the lives America's elderly and disabled.

Although mother is gone now, I can still make a difference for her sister, my 91-year-old Aunt Mary. She fell into the part D doughnut hole and paid thousands of dollars a month for her medications. It is an outrage that my aunt and millions of Americans are paying record prices while drug companies are reporting record profits.

Giving Medicare the ability to negotiate drug prices is a monumental first step. I hope it is just the beginning of expanding every American's access to quality and affordable health care.

I urge you all to think of your mothers and aunts when you cast your vote for H.R. 4. Do this for every one of your constituents who has to decide between meals and medicine and show America that we are all dedicated to a new direction.

VOTE "NO" ON H.R. 4

(Mrs. DRAKE asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Mrs. DRAKE. Mr. Speaker, I rise today in opposition to H.R. 4, the Medicare Prescription Drug Price Negotiation Act.

The Medicare prescription drug insurance program continues to exceed expectations. The current private sector approach has resulted in more choices available to Medicare beneficiaries while simultaneously keeping costs below previous projections.

The majority of seniors are satisfied with the program and are saving on average \$1,200 a year. Seniors are able to choose a prescription drug plan that meets their needs.

The Congressional Budget Office has stated that requiring the Federal Government to negotiate drug prices with the manufacturer will not result in any savings to the Federal Treasury or the taxpayer. When asked, seniors support lower drug prices; but when told that means less choice of available drug or pharmacy, they disagree.

Seniors across America want their doctors, not the Federal Government, to choose the most effective drugs.

SENIORS AT MERCY OF CONFUSING DRUG RULES

(Mr. ELLISON asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ELLISON. Mr. Speaker, for over a year now, senior citizens in my State of Minnesota have been subject to a sink hole that the administration calls Medicare part D, the prescription drug program.

It was really never meant for our seniors. It was written for and by the pharmaceutical companies and the insurance companies at the expense of our senior citizens and paid for by the American taxpayer.

In 2006, companies like Pfizer, Eli Lilly, Merck and Novartis made record